

Date App Recd _____	Check _____
Date Permit issued _____	Permit No. _____
(leave blank for Board use)	

DELAWARE STATE BOARD OF PHARMACY
JESSE COOPER BUILDING - ROOM 205
P. O. BOX 637
DOVER, DELAWARE 19903
PHONE: 302-739-4708 FAX: 302-739-3071

APPLICATION FOR PERMIT

This application should be accompanied with the legal fee of two hundred dollars (\$200.00) made payable to "State of Delaware").

To Manufacture or package Drugs, Medicines, Toilet Articles, Dentifrices or Cosmetics.

THE UNDERSIGNED hereby makes application for a permit to manufacture drugs, medicines, toilet articles, dentifrices or cosmetics in pursuance of Title 24 Del. C. §2541, which provides in part as follows:

"No drugs, or medicines, or toilet articles, or dentifrices or cosmetics, shall be manufactured, made, produced, packed, packaged, or prepared within this State, except under the personal and immediate supervision of a registered pharmacist or such other persons as may be approved by the Delaware State Board of Pharmacy after an investigation and determination by the said Board that they are qualified by scientific or technical training and/or experience to perform such duties of supervision as may be necessary to protect the public health and safety; and no person shall manufacture, make, produce, pack, package or prepare any such articles without first obtaining a permit to do so from the said Board of Pharmacy. Such permit shall be subject to such rules and regulations, with respect to sanitation and/or equipment, as the said Board of Pharmacy may from time to time adopt for the protection of the public health and safety."

"The application for such permit shall be made on a form to be prescribed and furnished by the said Board of Pharmacy and shall be accompanied by the required fee of two hundred dollars (\$200.00). According to 24 DEL. C. §2543 permits are not transferable and expire on the last day of September biennially even years. Separate applications shall be made and separate permits issued for each separate place of manufacture, making, production, packing, packaging or preparation."

"Any person, firm or corporation violating any of the provisions of this section, and any permittee hereunder who shall violate any of the conditions of his permit or any of the rules or regulations adopted by the said Board of Pharmacy in pursuance of the power hereby conferred, shall, upon conviction, be deemed guilty of a misdemeanor and fined not more than fifty (\$50) dollars for each offense, and each and every day such violation continues shall constitute a separate and distinct offense; and, upon conviction of a permittee hereunder, his permit shall also forthwith be revoked and become null and void."

Section 1. Name and address of manufacturer or packager: Phone:

Section 2. When was business established?

Section 3. States in which you conduct a similar business? If yes, give dates and locations:

Section 4. If corporation, give date of charter and names of principal officers:

Section 5. By what State was charter granted?

Section 6. If partnership, give names of all active partners:

Section 7. If individually owned, give name and address of owner:

Section 8. Will the firm be trading under another name?

Section 9. Has corporation or any officers thereof, or any partner, or the individual owner ever been convicted of violations of any Federal laws or State Laws dealing with drugs or alcohol?

Section 10. Has the firm been found guilty of violating any Statutes or regulations by any State or Federal Drug Agency: (example Food and Drug Administration or Drug Enforcement Administration). If yes, provide detailed information.

Section 11. Is firm now registered with the Food and Drug Administration or the Drug Enforcement Administration? Attach results of last GMP inspection.

Section 12. List the products the firm will package or manufacture:

Section 13. Scientific and technical personnel:

(1) Names of registered pharmacists employed:

(2) If no registered pharmacists are employed, give:

(a) Names of persons personally supervising scientific or technical operations in the plant.

(b) Attach, in each case, the scientific and technical training and/or experience of persons listed in the preceding paragraph, including colleges attended and scholastic degrees.

Section 14. Specify, in sufficient detail, all apparatus and equipment used in the manufacture of products:

Section 15. Sanitation: Give an adequate description of the general sanitary facilities of the plant including sanitary plumbing, light and ventilation, soap, towels, etc. (use additional sheets)

(Signed)

(Official Title)

Subscribed and sworn to before me

this _____ day of _____

Notary Public